



GSMST LOCAL SCHOOL ATHLETICS FORM

Student Name: _____

Student ID: _____

Zoned School: _____

Participating Sport(s): _____

Name of Coach: _____

Parent Name (s): _____

Phone Number: _____

Parent Email: _____

Season (circle): Fall or Spring

I, _____ (student name) understand that I must remain in good academic standing in order to participate in GHSA athletics. I understand that I may not miss school (8:00-3:00 p.m.) for GHSA games but playoffs and championships are permissible.

Student signature: _____ **Date:** _____

Parent signature: _____ **Date:** _____